



IOOF EMPLOYER SUPER

20 April 2018

Employer Payment Authority

Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where provided.

Any personal information provided in this form will be handled in accordance with the Trustee's privacy policy, available at ioof.com.au/privacy.

This form is to be completed by an authorised officer of the employer.

Step 1: Employer details

Employer name

Employer code

Step 2: Member details

Account number

Title (Dr/Mr/Mrs/Ms/Miss) Surname

Given name(s)

Residential address

Suburb State Postcode

Date of birth / / Date joined company / /

Step 3: Payment details

Cessation The above member ceased employment on / / for the following reason:

Resignation

Retirement

Serious ill health

Other (If other, please provide details below)

OR

Transfer The above member has not ceased employment and we authorise you to transfer that member's benefit to the superannuation fund advised by the member. Future contributions will be paid to the member's new superannuation fund.

Step 4: Contributions to exit date

Have all contributions been remitted for this member?

Yes No

If 'No', final contribution will be remitted on

/ /

In the event that your former employee submits a request to transfer their account, we are required to make the transfer within 3 days of redeeming their investment options (and within 30 days of their request) if they are a Choice member and within 3 days if they are a MySuper member.

Step 5: Signature

Please ensure that this Step is completed only by an authorised officer you have formally nominated.

Name of authorised officer

Job title/position

Email address of authorised officer

Phone number

Authorised signature Date / /

Please forward all correspondence and enquiries to

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